



# Wildfire VBS—Release Form

## Participant Information:

Name of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Current Grade (18-19): \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: ( \_\_\_\_ ) \_\_\_\_\_ Secondary Phone: ( \_\_\_\_ ) \_\_\_\_\_

Family Email: \_\_\_\_\_

## **Emergency Contact** (if parent/guardian cannot be reached)

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

## Medical & Health Information

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

State any medical issues including allergies, food allergies, emotional/learning issues or special needs of your child:

## **Photo/Video Release**

I understand that photographs are taken at Wildfire events. I give permission for photographs of my child to be used for Wildfire purposes only. I agree that photographs in which my child appears may be used in the following areas. **Please check ALL areas you give permission to use:**

Internal Print                       External Print                       Social Media  
 Website                                       Video

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Authorization**

I authorize my child to attend the events associated with Wildfire VBS at St. James. In the event a medical emergency arises, I give permission for any adult leader supervising my child to secure any medical care they deem necessary while I, or my child, participate in any program sponsored by Wildfire churches or St. James Lutheran. I further release the Wildfire Churches as well as all of their agents, members or employees, for all liability for any accident, injury or claim arising from my child's use of facilities, or participation in any of its programs. Furthermore, I take full responsibility for any financial cost, which may be incurred, for the care of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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